RECOLLECTIONS OF EARLY RESIDENT PHYSIOTHERAPY[1]

LEAH RANKIN

The Physiotherapy staff establishment at the Royal Prince Alfred Hospital from 1933 until 1940 was one resident Chief Physiotherapist, two Junior Residents, and six full-time day staff (working a five and one-half day week). There was no Resident Staff at Royal North Shore Hospital during this period.

The two most successful Final Year students were chosen as Juniors—a position always accepted as the experience was invaluable, although the salary was only 10/- a week and leave of two weeks a year could only be taken at completion of a twelve months appointment. I cannot remember any paid sick leave, and there was no limit to the number of hours to be worked.

The twenty students took much of the work load during the training period, which was two to two and one-half years with very brief holidays.

The Chief Physiotherapist was responsible to the General Superintendent and Board, and she had the full cooperation of the medical staff and the senior sisters and attended Orthopaedic ward rounds after clinics. She was in charge of the Physiotherapy staff and of the students when they were training in hospital. She also checked referrals for treatment and discussed these cases with the honorary medical officers concerned—as a result there was little, if any, "dead wood" or unnecessary patients on our lists and, in any event, staff was limited and relieving staff unheard of.

There was no School of Physiotherapy until 1940. Honorary surgeons and physicians conducted lectures and examinations with University lecturers, and Vida Kirkcaldie, with a small staff, lectured in practical work. The Chief Physiotherapist gave lecture discussions to staff and students, and day staff assisted students when they could. She also did all the ledger-keeping and entry and classification of cases, the annual "figures" and so on (usually very late at night).

During this period hours were long, mostly because of late clinics and ward rounds—looking after splintage and helping with plasters, mainly spicas and jackets. Gloucester House had just opened with private and intermediate patients and resident physiotherapists treated these cases and also assisted with plasters, *etc.*, in the operating theatres. General massage, as a sedative, was given late when requested.

During the period 1933-1940 junior residents were responsible for maintaining the huge supply of hand-rolled plaster bandages (Hammer Brand—slow setting!).

Until mid or late 1934, calls "out of bed" were very infrequent, but we would be on duty until about 10 p.m. Clinics were late and patients would be slowly recovering from anaesthesia—four or five at a time—spinal manipulations and the more severe fractures, the latter encased in padded plaster or aluminimum splints. Often the patients were poor historians regarding their last meal and were, in consequence, violently ill for hours. Nurses were not always available and physiotherapists looked after them.

During 1934 Mr. Pryor of Parramatta Mental Hospital was doing research using Hyperpyrexia in the treatment of certain cases. For a few weeks resident physiotherapists looked after these disorientated patients in our department and, because of the lack of space and staff, they were brought in usually after 6 p.m. Blankets and inductothermy cable were used to get the temperature to about 104° and we had to be with the patient for three-quarters of an hour charting temperature and pulse rate.

[1]These recollections, which begin in 1933, have been recorded by Mrs. Rankin (neé Knowles) who was from that year on associated with the Royal Prince Alfred Hospital.

From the foregoing it will be understood that up to mid or late 1934 fracture work and plasters did not make up the major part of our resident work. We were residents because there was no such thing as "hours", shift work, or granting of extra staff!

Dr. J. MacMahon, who had been Resident Medical Superintendent for some time, had been showing an interest in trauma and was always on call at all hours. Sometime in 1934 he and Mr. Rex Angel Murray, then General Surgeon, left for Germany to spend a few months at Professor Böhler's Accident Clinic in Berlin studying early reduction of fractures, manipulations, equipment, and so on, and to study unpadded plaster technique with Mr. Schnek. Towards the end of 1934 they returned, and from then on business became very brisk. John MacMahon wanted to use the plaster room in the Orthopaedic Department and asked for the Chief Physiotherapist's fullest cooperation.

This was the start of what was to be known as the Fracture Clinic. He trained the Senior Resident Medical Officers in rotation and the Chief Physiotherapist was with him at all times, and in her turn instructed her Juniors. Early reduction of fractures was the theme—traction, manipulation, non-padded plasters, Kramer wire abduction frames and skin traction, the application of leg plasters and the use of the new Böhler frame with skeletal traction. Our splint makers were also often in attendance. At this time we started using sterile safety pins for pulp traction, together with Kramer wire and plaster, for fractured fingers.

From this time on we were responsible for certain stocks to be maintained in the department—apart from plaster bandages and all manner of splints—a tracheotomy tray, anaesthetic tray, ether stocks, morphia, atropine and hypodermic syringes and needles; and we learned to use sterilisers. Wet X-ray film viewers and frames were installed and a portable X-ray unit was also on hand.

At any hour of the day and night the plaster room was occupied by cases lined up from casualty—compound fractures were sent to theatres although sometimes they were attended to in the department.

There was some friction at this time. We were supposed to be here, there, and everywhere, helping in orthopaedic clinics, helping as usual in theatres with spicas and jackets, and assisting with and in the fracture clinic.

Early in 1936 Mollie Thompson resigned at Royal Prince Alfred Hospital and I was appointed Chief Physiotherapist. The staff was the same with hours progressively longer and pressure of work greater. Calls "out of bed" were part of the pattern—if one got to bed!

Once the Juniors became fairly confident (after about six weeks) I left them on their own and we then worked one in three nights (day duty as usual) and one in three weekends. Resident medical staff and honorary staff were always very hard-worked—one just accepted this in those days, and there was quite a lot of excitement particularly as Sydney's "underworld" was very active at that time.

Yaralla was now being used as a small after-care centre for "long stay" orthopaedic patients—usually encased in plaster. Apart from visiting once weekly (or fortnightly) by ambulance to check casts and see that nurses were getting the patients mobile on crutches, a physiotherapist was not on duty.

In 1936 three extra physiotherapists were appointed by the Australian Massage Association (now the Australian Physiotherapy Association) as tutors in electro-medical therapy, massage and kinesiology, and this helped in so far as the Senior Physiotherapist was relieved of some teaching duties.

I think it was during 1936 that intravenous anaesthesia was commenced for our accident cases and this helped greatly as patients recovered quickly without being very sick.

We never solved the problem of bug infestation in the padded Kramer wire abduction splints—these patients were always in need of a daily "spray" and resident physiotherapists always re-applied the skin traction. I look back and remember Tilly Devine's indignation when I told her that she and her splint were alive with bugs. (She was "Queen" of Sydney's underworld at the time).

In the middle of 1940 Senior physiotherapists were being called-up for active service overseas. I asked Dr. Lilley (the General Superintendent) if the staff situation could be reviewed and more graduates accepted as Resident Juniors and potential Seniors. He saw the need and agreed to cooperate. I sailed late in 1940 for overseas duty, Cecily Tyson having been appointed Senior in my absence. However she too was called-up after three months and I think short-term staff then became "the order of the day".

When I returned late in 1945 the bi-daily use of Infra Red for trauma and in the Gynaecological wards had augmented the work load. The Physiotherapy staff at this time consisted of five Junior Residents (one at Yaralla), an Assistant Senior (non-resident) and a Chief Physiotherapist, whose task had been made a little easier by the appointment of a typist receptionist. The latter was doing a grand job and the filing system in the department was well organized, thus freeing the Chief Physiotherapist for more important work.